

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

North Carolina Hospital Association Political Action Committee - Federal

ADDRESS (number and street) ▼

P.O. Box 4449

☐ Check if different than previously reported. (ACC)

Cary

NC

27519-4449 -

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00194647

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☒ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
04 01 2016

through

M M M / D D D / Y Y Y Y Y Y
06 30 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Cody Hand

Signature of Treasurer

Mr. Cody Hand

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
07 07 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

North Carolina Hospital Association Political Action Committee - Federal

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
04 / 01 / 2016 To: M M / D D / Y Y Y Y Y Y
06 / 30 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2016		28750.56
(b) Cash on Hand at Beginning of Reporting Period.....	0.00	
(c) Total Receipts (from Line 19)	27581.25	34822.81
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	27581.25	63573.37
7. Total Disbursements (from Line 31)	4734.40	40800.47
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	22846.85	22772.90
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

North Carolina Hospital Association Political Action Committee - Federal

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y
04 / 01 / 2016

To:

M M / D D / Y Y Y Y Y
06 / 30 / 2016
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

8550.00

9650.10

(ii) Unitemized

19031.25

20487.75

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ►

27581.25

30137.85

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ►

27581.25

30137.85

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

4684.96

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

4684.96

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ►

27581.25

34822.81

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ►

27581.25

30137.85

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	35992.12
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	4684.96	4684.96
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	49.44	123.39
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	4734.40	40800.47
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4734.40	40800.47

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	27581.25	30137.85
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	27581.25	30137.85
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 15

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

North Carolina Hospital Association Political Action Committee - Federal

Full Name (Last, First, Middle Initial)

A. Jacqueline R Daniels

Mailing Address 2085 Frontis Plaza Blvd

City

Winston Salem

State

NC

Zip Code

27103-5614

FEC ID number of contributing
federal political committee.

C

Name of Employer

Novant Health

Occupation

Chief Administrative Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

04 / 25 / 2016

Transaction ID : 23177104

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Ms. Judith Schanel

Mailing Address 1200 N. Elm St.

City

Greensboro

State

NC

Zip Code

27401-1004

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cone Health

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

05 / 09 / 2016

Transaction ID : 23236424

Amount of Each Receipt this Period

225.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Dr. William J Fulkerson M.D.

Mailing Address 815 Pleasant Green Road

City

Hillsborough

State

NC

Zip Code

27278-7805

FEC ID number of contributing
federal political committee.

C

Name of Employer

Duke University Health System

Occupation

Senior Vice President of Clinical Affa

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / 10 / 2016

Transaction ID : 23236428

Amount of Each Receipt this Period

300.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

825.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

North Carolina Hospital Association Political Action Committee - Federal

Full Name (Last, First, Middle Initial)

A. Mr. Stephen Lawler

Mailing Address 328 S. Laurel Ave

City

Charlotte

State

NC

Zip Code

28207-1504

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas Healthcare System

Occupation

Senior Vice President Regional Develop

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / 17 / 2016

Transaction ID : 23236506

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mr. David S Hughes

Mailing Address 2302 Royal Drive

City

Winterville

State

NC

Zip Code

28590-9129

FEC ID number of contributing
federal political committee.

C

Name of Employer

Vidant Health

Occupation

Accountant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

05 / 20 / 2016

Transaction ID : 23236628

Amount of Each Receipt this Period

225.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mr. James Roskelly

Mailing Address 5001 Angler Lane

City

Greensboro

State

NC

Zip Code

27455-3470

FEC ID number of contributing
federal political committee.

C

Name of Employer

Moses H. Cone Memorial Hospital

Occupation

Vice President, Planning

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

05 / 26 / 2016

Transaction ID : 23236758

Amount of Each Receipt this Period

225.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

North Carolina Hospital Association Political Action Committee - Federal

Full Name (Last, First, Middle Initial)

A. Mr. James Hunter

Mailing Address PO Box 32861

City

Charlotte

State

NC

Zip Code

28232-2861

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas Medical Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

05 / 25 / 2016

Transaction ID : 23236770

Amount of Each Receipt this Period

360.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Dr. Ronald A Paulus M.D.

Mailing Address 62 Beadle Lane

City

Asheville

State

NC

Zip Code

28803-8907

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mission Health System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / 27 / 2016

Transaction ID : 23236903

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mr. Terry Akin

Mailing Address 3922 Hazel Lane

City

Greensboro

State

NC

Zip Code

27408-3188

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cone Health

Occupation

President and Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / 24 / 2016

Transaction ID : 23236913

Amount of Each Receipt this Period

300.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

960.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

North Carolina Hospital Association Political Action Committee - Federal

Full Name (Last, First, Middle Initial)

A. Dr. Matthew Hanley

Mailing Address 2640 Beverwyck Road

City State Zip Code
 Charlotte NC 28211-3306

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Carolinas HealthCare System

Occupation
 Metro CMO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 20 / 2016

Transaction ID : 23236991

Amount of Each Receipt this Period

360.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mr. Robert Goldstein

Mailing Address 5001 Bearberry Point

City State Zip Code
 Greensboro NC 27455-3416

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Moses H. Cone Memorial Hospital

Occupation
 Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 16 / 2016

Transaction ID : 23236995

Amount of Each Receipt this Period

225.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mrs. Mary J Cagle

Mailing Address 5002 Millstaff Drive

City State Zip Code
 Oak Ridge NC 27310-9796

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Moses H. Cone Memorial Hospital

Occupation
 Chief Quality Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 13 / 2016

Transaction ID : 23236999

Amount of Each Receipt this Period

225.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

810.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 OF 15

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NAME OF COMMITTEE (In Full)

North Carolina Hospital Association Political Action Committee - Federal

Full Name (Last, First, Middle Initial)

A. Mr. Dennis J Phillips

Mailing Address 4310 - 4th Street Circle NW

City

Hickory

State

NC

Zip Code

28601-9021

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas Medical Center

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 13 / 2016

Transaction ID : 23237003

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Ms. Phyllis A Wingate

Mailing Address 6005 Willowood Rd

City

Kannapolis

State

NC

Zip Code

28081-6702

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas HealthCare System NorthEast

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 16 / 2016

Transaction ID : 23237013

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mr. G. Raymond Leggett III

Mailing Address 2312 Crestview Drive

City

New Bern

State

NC

Zip Code

28562-9060

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinaEast Health System

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

06 / 13 / 2016

Transaction ID : 23237067

Amount of Each Receipt this Period

225.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

825.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 15

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

North Carolina Hospital Association Political Action Committee - Federal

Full Name (Last, First, Middle Initial)

A. Mr. Scott Leighty

Mailing Address 721 Governor Morrison St #214

City	State	Zip Code
Charlotte	NC	28211-4196

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas Healthcare System

Occupation

Administration

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

Transaction ID : 23237121

Amount of Each Receipt this Period

360.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Ms. Millie Harding

Mailing Address 1113 Pearson Farms Road

City	State	Zip Code
Apex	NC	27502-6741

FEC ID number of contributing
federal political committee.

C

Name of Employer

North Carolina Hospital Association

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

Transaction ID : 23237135

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mr. Paul S Franz

Mailing Address 1320 Fillmore Avenue Unit 505

City	State	Zip Code
Charlotte	NC	28203-5977

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas Healthcare System

Occupation

Executive Vice President Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	20	/	2016

Transaction ID : 23276904

Amount of Each Receipt this Period

360.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1020.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 15

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

North Carolina Hospital Association Political Action Committee - Federal

Full Name (Last, First, Middle Initial)

A. Mr. Spencer Lilly

Mailing Address 9306 Copans Glen Lane

City State Zip Code
 Huntersville NC 28078-6489

FEC ID number of contributing federal political committee.

C

Name of Employer

Carolinas Medical Center

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 20 / 2016

Transaction ID : 23276910

Amount of Each Receipt this Period

600.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mr. Greg A Gombar

Mailing Address P O Box 32861

City State Zip Code
 Charlotte NC 28232-2861

FEC ID number of contributing federal political committee.

C

Name of Employer

Carolinas Medical Center

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 22 / 2016

Transaction ID : 23276958

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mr. James C Olsen

Mailing Address 5900 Summerston Place

City State Zip Code
 Charlotte NC 28277-2539

FEC ID number of contributing federal political committee.

C

Name of Employer

Carolinas Healthcare System

Occupation

VP, Materials Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 22 / 2016

Transaction ID : 23277010

Amount of Each Receipt this Period

450.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1350.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 13 OF 15

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

North Carolina Hospital Association Political Action Committee - Federal

Full Name (Last, First, Middle Initial)

A. Mr. Jeffrey F Jones

Mailing Address 6 Wynnewood Ct.

City

Greensboro

State

NC

Zip Code

27408-3632

FEC ID number of contributing
federal political committee.

C

Name of Employer

Moses H. Cone Memorial Hospital

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

06 / 23 / 2016

Transaction ID : 23277026

Amount of Each Receipt this Period

225.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mrs. Debra P Moore

Mailing Address 6935 Conservatory Lane

City

Charlotte

State

NC

Zip Code

28210-3497

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas Medical Center

Occupation

Sr VP Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 27 / 2016

Transaction ID : 23277068

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mr. Eugene A Woods FACHE

Mailing Address 6363 North Highway 161, Suite 450

City

Irving

State

TX

Zip Code

75038-2238

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas Healthcare System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

06 / 22 / 2016

Transaction ID : 23277122

Amount of Each Receipt this Period

900.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1425.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

North Carolina Hospital Association Political Action Committee - Federal

Full Name (Last, First, Middle Initial)

A. Mr. Zachary Zapack

Mailing Address 1235 East Blvd. #214

City

Charlotte

State

NC

Zip Code

28203-5766

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas Healthcare System

Occupation

Sr. Vice President, Corporate Services

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

06 / 27 / 2016

Transaction ID : 23277124

Amount of Each Receipt this Period

360.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mr. I. David Kibbe

Mailing Address 1200 North Elm Street

City

Greensboro

State

NC

Zip Code

27401-1004

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cone Health

Occupation

Health Care Management

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

06 / 23 / 2016

Transaction ID : 23277142

Amount of Each Receipt this Period

225.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

585.00

8550.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input checked="" type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

North Carolina Hospital Association Political Action Committee - Federal

Full Name (Last, First, Middle Initial)

A. NCHA (Administrative Expense)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		13		2016

Mailing Address P.O. Box 4449

City	State	Zip Code
Cary	NC	27519-4449

Purpose of Disbursement

009

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Transaction ID : 23112290

Amount of Each Disbursement this Period

4684.96

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Amount of Each Disbursement this Period

--

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Amount of Each Disbursement this Period

--

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

4684.96

4684.96
